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CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Fever. Delivered at St. Thomas's Hospital. By THOMAS B. PEACOCK, M.D., Senior Physician to the Hospital.

GENTLEMEN: During the last few weeks several cases of fever have been under my care in this hospital upon which I propose to offer some remarks. Of these cases, three were cases of typhus and five of typhoid. Two of the cases of typhoid occurred in a mother and child. The mother was twenty-nine years of age, and was admitted into the hospital on the 28th of October, being then stated to have been ill for two weeks, but out of health some time longer. She had symptoms of low fever, a high temperature (103.6°), and much bronchitis; and was greatly prostrated. There were a few small, round, livid, non-fading spots about the upper part of the thorax and the lower part of the neck. The spots had disappeared on the 4th of November, or on the seventh day after her admission; but the feverish symptoms did not readily subside. The temperature continued high, and the prostration was so persistent that she was not able to leave her bed before Christmas day, or the fifty-eighth day from her admission into the hospital; and she was not presented before the 4th February, or the ninety-ninth day from admission. The case was very obscure; but it was thought most probable that it was a case of typhus, which had passed its acme before it was admitted; but if so, the commencement

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of convalescence was imperfectly marked, and the duration of the attack was very much prolonged. The protracted convalescence might, however, it was thought, be due to the severe bronchitis with which the attack was complicated, and to the patient having been for some time before the occurrence of the severe illness very much out of health. At the end of November, however, we heard, what had been before denied, that there were other members of the family ill at home; and Mr. Donkin, the house-physician, went down to Greenwich, where the patient resided, and found one child convalescent from some form of fever; and another, eight years of age, seriously ill. This child was removed to the hospital on the 28th of November, the report then being that it had been ailing for about a month, but seriously ill for two weeks. The child had symptoms of active fever, a temperature of 104°, and severe bronchitis. There was a copious eruption on the trunk, very similar in appearance to that which had been observed on the mother. The child became much prostrated, and made a very gradual and slow recovery. She was not able to leave her bed before the 6th of January, or the thirty-ninth day from the period of admission; and was only presented on the 4th of February, or the sixty-eighth day from her admission into the hospital. There could be no doubt that the child's case was one of typhus, and that confirmed the correctness of the diagnosis in the case of the mother.

In the third case of typhus the patient was a boy, thirteen years of age, admitted on January 1st. At that time he was stated to have been ill eleven days. There was a copious eruption of livid spots on the skin, and symptoms of high fever, the temperature being 104.6°. The spots disappeared in two or three days, and on January 8th the temperature fell to 98.6°, and from this time he made a rapid recovery, being able to leave his bed on the 13th. He was discharged on the 27th, or the thirty-eighth day from the stated period of the commencement of the symptoms. In this case the nature of the disease was quite clear, and the case followed the course which it generally does in children. The diagnosis was further confirmed by the admission a few days after of a brother of the same patient, also presenting symptoms of typhus.

The cases of typhoid to which I refer were five in number. Of these, the first was that of a boy, aged twelve, admitted on the 4th of October, having been then ill for two weeks, but out of health for two or three months before. He had diarrhœa before he was admitted, but was not so seriously ill as to be confined to bed. On the day of admission he had a high temperature, 103.7°, and was considerably prostrated; the diarrhœa continued, and the evacuations were passed in bed. The symptoms of fever were severe and protracted, the diarrhœa very persistent. He was constantly delirious, and subsequently became very torpid and difficult to arouse. There were never any spots upon the skin. The attack was very prolonged, so that the convalescence was not established before the 16th of December, or the seventy-third day from admission, and he was not discharged before the 8th of January, or the ninety-sixth day from admission. During a large portion of his convalescence he was excessively fractious and difficult to manage.

The second case occurred in a female, twenty-one years of age, who was received into the hospital on the 8th of October, having been then ill for four days. In this case, though the fever was severe, the temperature rising to 105°, the chief symptom was prostration of strength, there being neither spots on the skin nor diarrhœa, and not very marked cerebral disturbance. There could, however, be no doubt that there was considerable intestinal disease; for even when convalescence was apparently fully established, a very small dose of castor oil, given after there had been no evacuation from the bowels for several days, was followed by frequent loose evacuations and a sharp recurrence of fever, which, however, subsided in two or three days. She was convalescent on the 28th of October, or the twentieth day

from admission, and the twenty-fourth from the reported time of seizure; and she was discharged on the 19th of November, or the forty-second day from admission.

The third case of typhoid occurred in a probationer nurse at the hospital, twenty-five years of age. She had been in attendance on two cases of typhoid, in both of which there was diarrhœa, and in one the evacuations were passed in bed. Her attendance on these cases commenced about three weeks before her admission into the ward, and ceased about a week before; after which time she was employed in watching a surgical case in which there was a profuse and offensive discharge. About the same time she became poorly, and after four days she was so ill, suffering from diarrhœa and feverish symptoms, as to be incapable of attending to her duties. On the 14th October, or the fourth day of serious illness, she was admitted into the ward. During the remainder of the attack she had no diarrhœa; indeed, evacuations were only procured by the employment of medicine. There were, however, spots coming out at the time she first came under care, and they continued to appear for ten days. Her temperature was high (103.8°), and she was much prostrated. She became convalescent on the 11th November, or the twenty-eighth day from her admission into the ward and the thirty-first from the commencement of serious illness; and she was discharged on the 11th December, or the fifty-eighth day from admission.

The fourth case was admitted during protracted convalescence. The patient was a girl aged fourteen, who was admitted on the 12th December, and was stated to have suffered from symptoms of typhoid for four months, without ever having become satisfactorily convalescent. She was excessively fractious and impracticable; had a very dry, harsh skin; a high temperature (103.2°), and hectic symptoms. The bowels were confined. Under the use of baths and the inunction of oil, the skin became moist and the symptoms subsided; and she was convalescent on January 6th, or the twenty-fifth day from admission, and was discharged on the 26th of the same month.

The fifth and last case was a very obscure one. The subject of the disease was a young man aged sixteen, employed as a clerk, but who had recently been leading a somewhat dissipated life. He was admitted on the 22d of December, and was then stated to have been ill for four days. He had symptoms of active fever, and was delirious, and two days after admission became so violent as to require restraint. In two or three days he was quieter, but not entirely free from delirium. Before his admission he had not had any diarrhœa, but four days after the bowels became much relaxed, and he passed the evacuations in bed. The abdomen also became excessively tender and tumid, and the temperature rose to 103.6°. The breathing was rapid, and he died exhausted on the 8th January, or the seventeenth day from the time of admission, and the twenty-first day from the reported period of the commencement of illness. There were not any spots at any time on the skin. On examination after death there was found general peritonitis, and a perforation of the ileum had occurred at a point between two and three feet above the cæcum. The mucous membrane was free from disease everywhere except at the seat of perforation and immediately above the ileo-cæcal valve. At the latter point two of the plates of Peyer were very distinct, and the mucous membrane above and around them was slightly reddened and somewhat abraded. As I have before said, the nature of this case was not obvious, but it seems most probable that it is to be regarded as one of typhoid. Except some little pneumonic exudation, there were no morbid conditions found in the body, except those in connection with the alimentary canal; and though the intestinal disease was, except at the point of perforation, very slight, it is well known that in typhoid there is often no correspondence in intensity between the amount of mischief in the bowel and the degree of constitutional disturbance. Occasionally also the perforation occurs in cases in which there is very little in-

testinal disease. Indeed, Chomel has recorded in his "Clinique Médicale" a case which is almost the counterpart of this.

The first remark which I have to make in reference to these cases is as to the diagnosis—that it is impossible to distinguish between typhus and typhoid from one or two symptoms, however important such symptoms may be, but that to ascertain the nature of each case we must take into consideration the whole history of the disease, its mode of origin, its course, the symptoms by which it is characterized, and the mode in which the febrile symptoms subside. A case of typhus usually commences suddenly and rapidly progresses, so that the patient is admitted into hospital at an early period, generally before the seventh or eighth day; and usually also the case undergoes a marked amendment, if there be not any serious local complication, about the fourteenth day. Yet it will be observed that in two of the three cases to which I have referred the time of commencement of the symptoms could not be distinctly ascertained, but the patient had certainly been ill for an unusually long time when admitted. Indeed, in both the eruption had certainly been on the skin for several days when the patient was first seen, and was clearly passing away in the first case. In both of them the period of convalescence was very imperfectly marked, the amendment was very gradual, and the whole attack unusually prolonged. In the third case, though the time of seizure was more clearly ascertained, the period of admission was also unusually late, but the case followed the usual course, and the time of commencement of convalescence was well marked, and the progress to recovery was rapid. It is not uncommon to hear a case pronounced to be typhus because it is characterized by marked symptoms of cerebral disturbance and absence of abdominal disorder, or to be typhoid because the abdominal symptoms are predominant, and there is comparatively little cerebral disorder. But nothing can be less to be depended upon than these symptoms as indicating the several forms of disease, and it not very unfrequently happens that cases confirmatory of this remark are in the hospital at the same time. This was the case some time ago. In one case a middle-aged female was admitted, after a few days' illness, with symptoms of fever, much prostration of strength, and profuse diarrhœa, but there was not any marked cerebral disorder, and she passed favourably through the attack, the diarrhœa ceased, and in about twenty-one days she was convalescent. Judging from the presence of diarrhœa and the absence of marked cerebral disorder, the case might have been supposed to be one of typhoid, but it was really, as indicated by the general symptoms and the eruption on the skin, one of typhus. In the other case a young man was admitted after an obscure indisposition of three weeks' duration, with symptoms of cerebral disturbance, but without diarrhœa or other evidence of abdominal disorder. This case might therefore have readily been mistaken for one of typhus, though in reality typhoid, the diagnosis being established by the appearance of the usual rose rash. Severe cerebral symptoms indeed very frequently occur in the early stage of typhoid, while diarrhœa is occasionally absent. The latter was the case in two out of the five cases referred to, though in one of them the bowels had been relaxed before the patient came under notice, and in the other the tendency to intestinal disorder was indicated by the undue action of a small dose of mild aperient, even when convalescence appeared well established. The eruptions on the skin, differing as they do in the two forms of fever in the periods at which they make their appearance, the forms which they assume, and the course which they follow, were they of invariable occurrence, would afford a ready and conclusive means of establishing the diagnosis. But though the eruption probably occurs at some period of the attack in all cases of decided typhus, the spots in typhoid are very uncertain, being often absent in cases of otherwise well-marked typhoid. I find that in only thirty-seven out of forty-four fully reported cases of typhoid which have recently occurred, were there any spots on the skin; and it will be re-

collected that they were absent in two of the cases of which I have spoken—one of them being the most severe of the five cases, and the other a decided though not very severe case.

I have a few remarks to make in reference to the treatment of cases of fever. We are all agreed as to the importance of carefully regulating the diet of a patient in the active stages of the disease, and of rigidly enforcing his being kept in bed; but I doubt whether, in typhoid more especially, the importance of continuing the same precautions sufficiently long during convalescence is generally realized. The frequency with which relapses occur in typhoid is a peculiar feature of the disease, and probably they cannot be entirely prevented; but I believe they generally result from the patient being allowed to indulge his appetite too freely, or to leave the bed too soon; and I think that the very small proportion of relapses that have recently occurred in my cases—only two in sixty-five—has been mainly due to the unceasing care which I have taken to prevent either of these mistakes being committed. Probably the cessation of the symptoms of active fever indicates the period at which the mischief in the alimentary canal ceases to progress, but after this the ulcers take a long time to heal. I have known a patient die on the eightieth day, and the ulcers to be still not entirely healed. During the time that there are any remains of ulceration it is most important that the bowel should be kept as quiet as possible, and the patient be persistently fed on the lightest and most easily assimilable food, so that no accumulation may take place. For the same reason the food should be given only in small quantities, and at regular intervals. These rules I steadily enforce, however long may be the duration of the attack, while the tongue still continues furred, and there is any diarrhœa, or tenderness or inflation of the abdomen; and I confine the patient to bed, or at least to the recumbent position, till he has recovered considerable strength. I have known a patient die of perforation when he had apparently so completely recovered as to be allowed to leave the hospital, the untoward event having been caused by his indulging too freely in food, perhaps not of a digestible character. It is also of great importance to avoid exposure to cold during convalescence; for patients in the weakly state, which after severe typhoid is so very persistent, are very susceptible to cold, and readily suffer from bronchitis or pneumonia. All excitement of mind should also be avoided. I have known a patient, from neglect of proper care in this respect, suffer from acute and fatal cerebral inflammation when he seemed to have almost completely recovered.

There is some difference of opinion among practical men as to whether it is better at once to restrain the diarrhœa in typhoid, or to leave it alone unless very severe. In the early stages of typhoid there is usually diarrhœa. As the case progresses the stools generally become less frequent and more consistent; and towards the end of the attack the bowels are usually confined, and sometimes very obstinately so. This would appear to indicate that the right line of practice is to leave the case alone, unless the diarrhœa be so severe as to imperil the safety of the patient, in which case it should, if possible, be checked. I, however, while refraining from giving astringents in cases of ordinary typhoid, regard the frequency of the evacuations as in part indicating the amount of stimulus and support which should be given to the patient, and I believe that this rule will generally be found to answer.

When in cases of typhoid the bowels become confined, much caution is required in the exhibition of aperients; enemata are always safe, and generally will procure sufficient relief; but sometimes, and especially when the patient is taking a fair amount of food, more free evacuation may seem to be required; and yet the mildest aperients may bring back the diarrhœa and cause a relapse. The rule which I generally follow is not to interfere so long as the patient is apparently not suffering from the bowels not being acted upon, and this even though several days should elapse; but if the patient complains much of the sense of fulness,

or experiences uneasiness or pain, and especially if the abdomen becomes tumid and tender, the bowels must be relieved. Under these circumstances I generally order a dose of calomel and opium, one or two grains of the former to one of the latter, and follow this by a small dose of castor oil, and by an enema if necessary, and the effect of one or two doses of this kind is almost always to procure full and satisfactory evacuation, after which the symptoms generally entirely subside. You will recollect that in the case of the nurse the bowels were not acted upon for six days, at the end of which time threatening symptoms appeared, but entirely subsided under the course of treatment which I have mentioned. Similar symptoms also occasionally occur during even advanced convalescence from too much food, or food of an improper kind being taken, and they are best treated in the way I have stated.

The last remark which I have to make is in reference to the employment of stimulants in the treatment of fevers. Some years ago, under the influence of teaching which I cannot but regard as mistaken, stimulants were so largely given in fever and other forms of active disease as to constitute almost the whole treatment, and make it often difficult to decide, when patients were seen, how much of their condition was due to the disease under which they laboured, and how much to the treatment employed. Now, however, a more judicious system is followed, and stimulants are less constantly and freely given. But there seems danger that, in the reaction, the discontinuance of the use of stimulants should be carried too far. Believing, as I do, that the abuse of fermented beverages is the greatest social bane in this country, I should have been glad could I conscientiously have done so, to have recommended the entire abandonment of the use of stimulants in the treatment of fever and other forms of disease. To do so would, however, I believe, be to deprive ourselves of one of the greatest means of alleviation which we possess, though one which requires great care in its use. It would be very much more satisfactory if the employment of these and other remedies could be reduced to some definite and scientific rules; and endeavours have been made by the careful analysis of the results of different methods of treatment to deduce such general rules. But the cases which we have to treat are so variable in their character that it is impossible so to classify them as to be sure that the cases compared are really similar, and that the results obtained are to be depended upon as exact. I fear, therefore, that we must be content still to leave to the judicious physician the choice of the means of treatment to be pursued in any given case, guided by his knowledge of the disease he has to treat, and his experience of the results of the means employed in other similar cases. So far as the use of stimulants is concerned in the treatment of fever, it is impossible to lay down any general rules; but I believe them to be eminently beneficial when given when the active stage of disease is subsiding, and the patient's power is beginning to give way, with the view of upholding the strength while the disease is in process of cure. If the patient is much prostrated, and the pulse weak, intermittent, or irregular, or abnormally slow, they may confidently be given; and if under their use the patient becomes less restless, the pulse improves in character, and the prostration diminishes, they may safely be persevered with. The amount of stimulus which is required must also be left to the discretion of the practitioner; but generally it is more advantageous if exhibited in small doses, repeated when the effect begins to subside. If a given dose exhibited at certain stated intervals seems to excite the patient, it does not follow that no stimulant is required; it may rather be that the dose is too large, and the repetition too frequent. When the patient's strength becomes greatly exhausted, as it often does when the crisis of the disease is passing or passed, the very liberal exhibition of stimulants may be necessary; and as the weakness becomes less and more food is taken, the

quantity may be gradually lessened; but I think it is a great mistake to suppose that because the patient can be got to take a large quantity of food, the use of stimulants is unnecessary. Food, as I have before said, may easily be given too freely. The best results ensue from the judicious combination of moderate amounts of food and stimulus, and this is especially the case at the period of early convalescence. In estimating also the desirableness of administering stimulants in any given case, the question to be asked is not simply whether the patient will recover without their use, but whether he will make an equally good and rapid recovery without them. Typhus and typhoid are diseases of very variable severity, and this is especially the case with typhoid, and there are some cases of both forms which will do very well without any stimulant at all. But, on the other hand, I have not unfrequently seen, in cases of fever which have never been very severe, that the patient will go on from day to day without making any material progress so long as stimulants are withheld, while on the exhibition of a small amount of wine or spirit there has been a marked and quite unmistakable improvement in the condition of the patient, and the case has afterwards steadily progressed to recovery. What I would wish to impress upon you is, not that you should make up your minds to give or not to give stimulants in cases of fever, but that you should hold yourselves free to have recourse to them, or not to use them, according to the apparent requirements of the several cases which you have to treat. There can be no worse fault in medical practice than to adopt a hard-and-fast rule as to the plans of treatment or special remedies to be employed in any form of disease. You should endeavour to make yourselves fully acquainted with the nature of the disease you have to treat and the condition of your patient, and then prescribe the course of treatment which you think will most conduce to his recovery.—*Lancet*, March 28, 1874.

HOSPITAL NOTES AND GLEANINGS.

Traumatic Aneurism of the Femoral Artery; Digital Compression for Ninety Minutes; Cure. Under the care of Mr. F. R. P. Drake, at the Salisbury Infirmary.

The following case is of interest, as showing the value of compression in the treatment of femoral aneurism. Ligature of the common femoral artery for femoral aneurism has not hitherto been attended by favourable results—in fact, some surgeons think that the operation should be banished from surgical practice. The satisfactory results in the present instance were no doubt greatly favoured by the nature of the aneurism and by the roughened condition of the interior of the vessels from degenerative changes, so that extensive surfaces existed favourable to the coagulation of fibrin.

C. P——, aged seventy-eight, was admitted on August 2, 1873. He states that about a month prior to his admission he received a kick from a horse on the right thigh, that the part turned black, but was not very painful, and that about a week intervened between the receipt of the blow and the appearance of the swelling.

On admission, the man was old and feeble, and had diseased arteries, the brachial artery, which was plainly visible at the bend of the elbow, being also tortuous and irregular. There was no abnormal cardiac dulness or distinct murmur over the region of the heart, but there was slight arcus senilis. In the epigastric region was a pulsating tumour, rather tender on pressure. He complains of pain in the right thigh extending down the calf of the leg, and on examining this part a pulsating tumour, as large as a moderate-sized orange, was seen at about the junction of the upper and middle thirds of the limb, six inches below Poupart's ligament. It was most prominent anteriorly, where it formed a globular swelling, and on placing the hand on this swelling, a most distinct thrill was experienced. On stethoscopic examination, a blowing murmur was distinctly heard, and pressure on the artery above con-

trolled all pulsation. The skin over the tumour was not discoloured, but very tense, whilst the limb at the seat of the swelling measured 19½ inches in circumference, being an excess of 3 inches over that of the opposite thigh, where the circumferential dimension was only 16½ inches.

From the age of the patient and the diseased condition of his arterial system, the case was not a promising one, and it was determined to try digital compression. This was commenced under the direction of Mr. Biggs, the house-surgeon, assisted by the Superintendent of Nurses, who kept up the pressure alternately, on the 3d of August last, at 3 o'clock P. M., the point selected being where the vessel issues from the pelvis. After the space of an hour the tumour became harder and less pulsating, and after the further lapse of half an hour (*i. e.*, ninety minutes in all) pulsation entirely ceased. The compression was then discontinued, and the limb covered with cotton-wool and bandaged.

August 4. Passed a comfortable night, complaining merely of slight pain down the thigh, which does not appear to be due to the tightness of the bandage. There is no return of pulsation in the tumour, which seems lessened in size, but hot. The circumference of the limb is 19½ in., but the toes of this foot feel colder than those of the other.

From this date the patient progressed favourably; the tumour became harder, and the limb decreased in dimensions. On his discharge from the infirmary, Sept. 13th, the limb gave a circumferential measurement of 16¾ in. The tumour was again examined on Sept. 16th, but no return of pulsation was to be found.

The point of interest in this case is the very short time (ninety minutes) that it was necessary to keep up the compression of the vessel. It is probably the shortest time on record in a case of femoral aneurism.—*Lancet*, April 25, 1874.

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Cases of Malignant Onychia treated with Nitrate of Lead.—Three cases of onychia maligna have lately presented themselves at the Charing Cross Hospital, which have all been treated by Mr. Fairlie Clarke with nitrate of lead, according to the suggestion of Mr. MacCormac.

The first patient was a traveller, aged forty-one, who had malignant onychia of the right little toe. The disease was of ten or eleven weeks' standing. The toe was much enlarged and clubbed, the nail was almost entirely gone, and there was an ulcerated surface the size of a threepenny-piece. There was severe pain, not merely in the seat of disease, but also in the ankle; and as the patient was obliged by his occupation to be constantly on his feet, it was a very serious inconvenience to him. He came to the hospital on December 28, 1873. The nitrate of lead was dusted on the ulcer, and he was told to apply it in a similar way every night and morning. He abstained from work for a week, and rested at home, so that he gave himself every chance. On the 19th the following note was made: "The toe is easier than it has been for a long time past. There is now a hard dry scab on the spot which was before raw and ulcerated." The patient continued to attend the hospital for a week or two longer, the onychia meanwhile slowly improving, and then he was lost sight of. After the lapse of four months he was met walking briskly along the street, following his ordinary occupation. He said that the nitrate had "effected a perfect cure" He had used nothing else, except "a lotion of herbs," and he had got speedily well.

The second case was that of a pale, flabby little boy, aged three years and a half, who was brought on January 20, 1874, with malignant onychia of the right thumb. The disease began a month before he came to the hospital, and took its origin from jamming the thumb in a cab door. The thumb had a very characteristic appearance, being enlarged through its whole extent, and clubbed at the point. The nail was ragged and misshapen, and the ulcerated surface around it bled freely. The patient was ordered steel wine, and nitrate of lead was dusted upon the sore night and morning. It was said at first that the application gave great

pain, so that the child screamed violently; and probably it was not applied regularly. Still the ulceration improved. At a subsequent visit the mother said that the application was less painful, and she asserted that it was regularly used. The case was steadily improving during the three or four weeks that he attended, but afterwards the child was attacked by the measles, and did not visit the hospital. The nitrate was, however, beneficial in this case, and would doubtless have effected a cure if it had had a fair chance.

The third case was that of a married woman, aged thirty-seven, who applied at the hospital on February 3, 1874. She was suckling at the time, and was rather weak. The malignant onychia had originated in the prick of a hair-pin two months before. When first seen the right thumb was red, swollen, and clubbed. There was a large, ragged ulceration; the nail had perished; and the last phalanx was necrosed, and was separating. She was ordered to take quinia mixture, and to apply the nitrate of lead twice a day. It gave her very trifling pain, and seemed to produce an immediate amendment. In a few days the last phalanx came away. As there was a good deal of pain in the thumb, poultices were applied over the nitrate. She went on steadily improving, without a drawback, and in six weeks the disease was cured, the thumb remaining of course somewhat misshapen in consequence of the loss of the phalanx.

On the whole, having regard to the severity of onychia maligna, and the great difficulty of treating it successfully by the ordinary lotions or ointments, Mr. Fairlie Clarke is inclined to think that the remedy to which Mr. MacCormac has drawn attention is a very valuable one.—*Lancet*, May 23, 1874.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Twenty-seventh Annual Meeting of the American Medical Association.—The twenty-seventh annual meeting of the American Medical Association was held in the city of Detroit, June 2, 3, 4, and 5, 1874; 427 members were in attendance.

The Association was called to order by the President, Dr. J. M. Toner, of Washington, D. C. After prayer by the Right Rev. Samuel A. McCoskry, Bishop of Mich., Dr. Wm. Brodie, Chairman of the Committee of Arrangements, welcomed the delegates. The President then delivered his annual address.

Dr. Parvin, of Ind., moved that the recommendations contained in the President's Address be referred to a committee consisting of Drs. White, of N. Y., J. D. Jackson, of Ky., Bartlett, of Wis., Shippen, of U. S. N., and Westmoreland, of Ga. Carried.

June 3. The appointment of the Committee on Nominations was announced.

Dr. N. S. Davis, of Ill., presented the report of the Judicial Council, in reference to the revision of the Code of Ethics. "After carefully reviewing the whole subject," the Committee "do not recommend any alteration in the present Code of Ethics." The report was unanimously adopted.

The following amendments to the plan of organization were adopted.

Strike out the second paragraph of Article II., and insert the following:—

"The delegates shall receive their appointment from permanently organized State medical societies, and such county and district medical societies as are recognized by representation in their respective State societies, and from the medical department of the army and navy of the United States."

Also, strike out the fourth paragraph of same article, and insert:—

"Each State, county, and district medical society, entitled to representation, shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number. Provided, however, that the number of the delegates from any particular State, Territory, county, city, or town shall not exceed the ratio of one in ten of the resident physicians who may have signed the code of ethics of this Association.

"The medical staff of the army and navy shall be entitled to four delegates each."

Dr. J. M. Keller, of Ky., presented the report of the Committee on Rank of the Medical Staff of the Army, which contained the following preamble and resolution:—

Whereas, We have learned with regret that Congress has not as yet acted favourably on our memorial in behalf of the medical corps of the army; and whereas it is in our opinion just and right that the rank of the medical officers of the army should be fully equal to that of the officers of the other staff corps, or of the medical corps of the navy, which we are informed is not the case under existing laws; therefore,

Resolved, That a committee of one from each State and Territory, with power to fill vacancies, be appointed for the purpose of memorializing Congress on this subject, and of securing the co-operation of the several State and county medical societies for the same purpose.

Dr. Woodward, of U. S. A., offered the following additional resolution:—

Resolved, That Dr. J. M. Toner, of the District of Columbia, be chairman of said committee, and that the other members of the committee be appointed by the President.

The above were unanimously adopted.

Dr. N. S. Davis, of Ill., delivered the Annual Address upon Practical Medicine.

Dr. S. D. Gross, of Pa., delivered the Annual Address upon Surgery.

June 6. Dr. White, of N. Y., on behalf of the Committee on President's Address, reported that the Committee concurred in the view expressed by the President in his Address, and offered the following resolution:—

Resolved, That the President appoint a committee of five, of which he shall be chairman, to elaborate a plan for the organization of an International Medical Congress, and report at the next meeting.

The report was accepted.

Resolutions in regard to the death of Dr. Henry Miller, of Ky., were read and adopted.

Dr. Keller, of Ky., offered the following:—

Whereas, A most laudable effort has recently originated in the Boyle County Medical Society, of the State of Kentucky, and in the Kentucky State Medical Society, to create a fund for the erecting of a statue or some other suitable memorial in honour of Dr. Ephraim McDowell, "the father of ovariotomy," English writers to the contrary notwithstanding, who lived in the town of Danville, in the State of Kentucky, and who performed in that town the first ovariotomy, in the year 1809:

Resolved, That the American Medical Association most earnestly endorse the action of said County and State Societies, and as urgently commend the object to the generous consideration of the medical profession of the world. Adopted.

Dr. Parvin, of Ind., delivered the address on Midwifery, and Dr. A. N. Bell, of N. Y., that on Hygiene.

Dr. Woodward, of the U. S. A., from the Committee on Nomenclature, reported progress.

June 5. On motion, the following gentlemen were appointed a committee to digest a plan for an International Medical Association: Drs. J. M. Toner, of D. C.; N. S. Davis, of Ill.; Alfred Stillé, of Pa., Austin Flint, of N. Y., and J. S. Billings, U. S. A.

Dr. Byford, of Colorado, presented the following report of the Committee on Nominations, which was adopted:—

President, W. K. Bowling, M.D., of Tenn. *Vice Presidents:* 1. Dr. William Brodie, of Mich.; 2. J. J. Woodward, of U. S. A.; 3. H. W. Brown, of Texas; 4. H. D. Didama, of N. Y. *Treasurer*, Dr. Caspar Wister, of Pa. *Librarian*, Dr. William Lee, of D. C. *Committee of Arrangements:* Drs. Edward Richardson, Lawrence Smith, Robert Gale, James Holland, Henry Bullitt, J. M. Keller, D. W. Yandell, Lewis Rogers, R. C. Hewett, all of Louisville.

Next place of meeting, Louisville, Kentucky. Time of meeting, first Tuesday in May, 1876.

Chairmen of Sections: Practice of Medicine, Austin Flint, M.D., of New York; Obstetrics, W. H. Byford, M.D., of Ill.; Surgery and Anatomy, E. M. Moore,

M.D., of N. Y.; Medical Jurisprudence, Jerome Cochran, M.D., of Alabama; Hygiene, H. I. Bowditch, M.D., of Mass.

Judicial Council, Drs. J. K. Bartlett, of Wis.; R. H. Gale, of Ky.; J. B. Johnson, of Miss.; J. R. Bronson, of Mass.; B. H. Catlin, of Conn.; Franklin Staples, of Minn.; W. T. Briggs, of Tenn., in place of the seven whose terms expire this year. Dr. A. N. Talley, of South Carolina, for two years, to fill vacancy.

Dr. Keller, of Ky., offered the following resolution, which was adopted:—

Resolved, That, in furtherance of the views expressed by Dr. Gross in his valuable address touching a proper legislation to prevent the spread of syphilis, a committee composed of Dr. Gross, of Pa.; Dr. N. S. Davis, of Ill.; Dr. J. M. Toner, of D. C.; Dr. Marion Sims, of N. Y.; and Dr. John Morris, of Ind.; be appointed to report at the next meeting the most feasible plan for securing such legislation.

The meetings of the Sections seem to have been of more than usual interest.

—

Deaths from Chloroform.—On the 18th of May, Dr. Jas. H. Butler, of Baltimore, attempted the reduction of a dislocated left shoulder in a man aged 48 years. A teaspoonful of Squibb's chloroform was administered on a napkin, and the operation was begun. In ten minutes a violent spasm came on, the patient's face became red, his eyes fixed, his lips were drawn up, respiration and pulse stopped. The spasm lasted but a short time, and then the patient died. Efforts at resuscitation were of no avail. No *post-mortem* examination was allowed.

In the *Clinic* for May 23, is recorded another case which occurred on the 19th of May, at the Good Samaritan Hospital in Cincinnati. The patient, a young man, was being operated upon by Drs. Dawson and Conner, for the removal of a scrofulous tumour of the groin. The chloroform was administered by one of the house physicians, when suddenly pulse and respiration ceased. Artificial respiration did not elicit a response.

—

Painless Method of Cauterizing with Nitric Acid.—It is found at the Charity Hospital, New York (*New York Med. Journ.*, May, 1874), that chancroids can be cauterized with nitric acid without causing severe pain, by first applying to the sore pure carbolic acid. The carbolic acid serves as a local anæsthetic, and prevents the nitric acid from causing pain which is not easily borne by the patient.

—

Composition of Sage's Catarrh Remedy.—Adrien Bowers, L. P., as the result of analysis, publishes (*Am. Journ. of Pharm.*, June, 1874) the following as the probable formula for this nostrum, which is extensively manufactured in Buffalo, N. Y.:—

Hydrastis canadensis gr. v.; Indigo gr. ss.; camphoræ pulv. acidi carbolici, āā gr. ij; sodii chloridi gr. i.

—

Medical Graduates in 1874—*continued from page* 75.—

Rush Medical College . . .	77
Kansas City College of Physicians and Surgeons	5

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Hospital of the University of Pennsylvania.—The Hospital building erected on the University grounds in West Philadelphia was inaugurated on June 4th, by the Governor of the State, in the presence of the Professors and Alumni of the University, and a large number of distinguished citizens.

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Bellevue Hospital Medical College.—Prof. D. Warren Brickell, M.D., has resigned the chair of Obstetrics and Diseases of Women and Children in this institution.

Prof. Edmund R. Peaslee has been elected Professor of Gynæcology.

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University of the City of New York.—Dr. Stephen Smith has been appointed Professor of Clinical Surgery and Surgical Jurisprudence in the Medical Department of the University of the City of New York.

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Obituary Record.—Died in New York, April 28th, aged 65 years, John H. Griscom, M.D., late Physician to the New York Hospital and formerly Professor of Chemistry in the New York College of Pharmacy.

Dr. Griscom was a graduate of the University of Pennsylvania, the author of

a number of medical essays, and a prominent and esteemed practitioner of medicine.

——— in Cincinnati, June 5, in the sixty-first year of his age, GEORGE MENDENHALL, M.D., formerly Prof. of Midwifery in the Miami Medical College, and one of the oldest practitioners of medicine in Cincinnati.

Dr. Mendenhall was President of the American Medical Association in 1870, and in 1872 was elected a Fellow of the Obstetrical Society of London.

FOREIGN INTELLIGENCE.

Notes of two Cases of Hemorrhagic Diathesis.—Mr. CHARLES HIGGENS, Assistant Ophthalmic Surgeon to Guy's Hospital, reported to the Royal Medical and Chirurgical Society (*Lancet*, May 23, 1874) the cases of two brothers, the subjects of hæmophilia. The family history furnished a good illustration of the mode of transmission of the disease from the maternal grandfather through his daughter, who was not a bleeder, to five males of a family consisting of seven boys and one girl—the girl, as is the rule, being one of the exceptions. It also appeared that hæmophilia, although often fatal, does not of necessity shorten life, as the grandfather above mentioned lived to the age of eighty-six and died of old age. Another point of interest was the firmness with which the blood coagulated; in each of the cases reported well-formed clots were produced, showing that the hemorrhage was not due to want of coagulability.

Dr. Williams thought that if a chemical analysis of the blood was made it might throw some light upon the affection.

Mr. Sedgwick said that early observations tended to prove there was no difference of structure of the small blood-vessels. In three published observations thinning of the arterial walls was met with. German observers said it was not due to structural peculiarities of the vessels. He thought it would be well to examine the vessels in case of death. The study of the family history would show that the vessels, not the blood, were at fault. There was a tendency to outgrow the affection after a certain age.

Dr. Wickham Legg said that the chief feature in the natural history of the disease was its hereditary character. A singular case had been lately brought under his notice, where the hemorrhagic tendency could be traced back in the family as far as 1740; in the same village there were many families in which the boys bled from the bowels or the kidneys. The blood had been analyzed in Germany, but it was not found to differ from the normal standard. He believed the affection depended upon some change in the bloodvessels.

—

On Œdema of the Left Upper Extremity in Heart Disease.—M. HANOT draws attention (*Gaz. Méd. de Paris*, Février, 1874) to a fact which he has established in the case of several instances of cardiac valvular disease inducing general anasarca, and one which may be deserving of the attention of clinical observers, viz., the earlier and more rapid development, and greater extent and persistency of œdema of the left upper extremity, than of the right in these cases. He suggests an explanation as supplied by the comparative anatomy of the brachio-cephalic veins of the two sides, the longer and more oblique course of that on the left side causing, even in the normal state, a greater impediment to the return to the heart of the blood from the left than from the right arm.—*Irish Hospital Gaz.*, May 1, 1874.

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Ovariotomy.—At the Hospital for Women, Soho Square, there were performed in 1873, 12 ovariotomies with 5 deaths, a mortality of 41.6 per cent. From 1865 to the end of the year 1871, 71 ovariotomies have been performed in that hospital with 27 fatal cases, or a mortality of 38 per cent.—*Lancet*, May 16th, 1874.

—

Treatment of Cholera by the Hypodermic Injection of Chloral Hydrate.—The supplement to the official *Gazette of India* contains a report from the civil surgeon, Kheri, in Oudh, with copies of communications from Dr Hall and the Deputy Surgeon-General Indian Medical Service,

Lucknow Circle, on the treatment of cholera by the hypodermic injection of chloral hydrate. It appears that Dr. Hall, in a paper published in the *Indian Annals of Medical Science* for March, 1870, stated that in the cold stage of cholera, instead of exhaustion of the nervous system, as was generally supposed, there is intense irritation of certain sets of nerves. He suggested that the principle which should guide us in the treatment of this condition was the endeavour to quiet the nervous system by the action of pure sedatives, and recommended the practice of hypodermic injection of sedatives in the stage of collapse. Subsequent experiments as to the physiological effects of chloral hydrate induced Dr. Hall to make a trial of this agent in cholera, and his practice has been followed by others with satisfactory results, so far as the reports at present extend.—*Lancet*, May 2, 1874.

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Solubility of Croton-chloral.—Dr. Y. C. Wallick states (*Lancet*, April 18, 1874) that while croton-chloral is dissolved with difficulty in water, he finds that it is greedily taken up by ordinary proof-spirit, five or even ten grains being readily soluble in as little as half a drachm of the spirit, to which any quantity of water may subsequently be added.

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New Method of administering Iodine.—P. Collis reports (*L'Union Pharm.*, 1874, April) that Prof. Boldeau has obtained very satisfactory results by using, in the hospital of Beaujon, an iodated albumen, prepared as follows: A solution of albumen is continually agitated with iodine in very fine powder, or dissolved in a suitable vehicle; the liquid assumes at first a deep brownish-black colour, which disappears after several hours, and starch is then not coloured blue by it. The solution is now evaporated to dryness, at a low temperature, and made into pills, each containing five milligrammes ($\frac{1}{12}$ grain) of iodine, of which five or six may be taken in 24 hours.—*Am. Journ. of Pharm.*, June, 1874.

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Table-fork swallowed by a Crazy Man; five or six years afterwards the Patient committed Suicide, when the Fork was found in his Stomach.—A case of this had been communicated to the *Union Médicale*, April 9, 1874, by Dr. Baillarger.

A second case, communicated by M. Lascols, is published in the same Journal for 11th April. The subject of it was a married woman who in a fit of anger left her husband to go to her mother. When alone in her chamber she secretly swallowed a table-fork, a servant was charged with having stolen it, and the lady, though requesting that the servant should not be accused of the theft, did not reveal what she had done, and she lived as usual, not suffering much pain. After some months, however, the fork caused her pain and produced an enlargement of her stomach. A consultation of physicians was held, and M. Quairoche made an incision into the stomach and withdrew the fork, which had become perfectly black. The patient recovered and subsequently had children. Several similar cases are referred to in the *Gaz. Hebdom.*, for April 10, 1874, p. 228–9—one recorded as early as the year 1716.

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The Sarcotome.—Dr. Hollis, of St. Bartholomew's Hospital, on the 8th inst., exhibited at the Clinical Society an ingenious little instrument, to which he has given the above name, and which appears worthy of special attention. It is constructed with the view of cutting through the soft tissues of the body painlessly, and consists essentially in substituting, as a cutting apparatus, a waxed thread tightened by a spiral steel spring for the caoutchouc tubing which has hitherto acted as the elastic ligature. The spring is confined in a small metal tube closed at one end, and wormed as a screw at the other, in order to receive externally a ring. A short cylinder sliding over the metal tube is fixed to one end of the spring by means of a screw passing through longitudinal slits in the sides of the tube. Lastly, a metal cap fits on the closed extremity of the tube, and the free end of the cap is formed into a ring of metal, so arranged that one opening is terminal and the other lateral. When arranged for use, the free extremity of the spring

is forced against the closed end of the tube by means of the sliding cylinder. A waxed thread or other ligature is placed round the parts to be severed; the surgeon then passes the ends of the ligature through the terminal opening of the cap and out at the lateral one, and fastens the ends by a screw-nut fixed on the outside of the cylinder. The spring is next released by removing the ring, and its whole pressure is then exerted upon the ligature. The instrument exhibited at the Society weighed less than 1½ oz., was about 3 in. in length, and capable of exerting a pressure of 11 lb. The inventor claims for the sarcotome many advantages over the elastic ligature, inasmuch as the instrument can be used with any form of ligature, thus diminishing the risk of breakage. A constant known pressure may be kept up for any length of time by occasionally readjusting the ligature, and in the few cases in which it has been used by Mr. Callender the operations were absolutely painless. The weight of pressure is indicated by a graduated scale on the inner cylinder.—*Lancet*, May 23, 1874.

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Removal of Both Ovaries.—Mr. C. G. WHEELHOUSE, Surgeon to the General Infirmary at Leeds, reports (*Brit. Med. Journ.*, March 21, 1874) it has once fallen to his lot, on removing an ovary in the case of a young lady aged 19, to find that the other one was also in a state of incipient disease. This he removed at the same time, and thus perfectly unsexed his patient.

"It is three years ago this month since the operation was performed, and I have watched the case ever since with the greatest anxiety. There has never been any attempt at menstruation, nor has any vicarious discharge ever taken the place of the natural one; but, beyond this, I see no change of any kind. The general health is now as perfect as it ever was, and, so far from any uncomfortable symptoms of masculinity having occurred, the voice remains as soft, the bust as full, and the whole aspect and demeanor are as perfectly feminine as in any other young lady of my acquaintance."

Deaths from Chloroform.—A death from chloroform occurred on Friday, the 3d inst., at University College Hospital, under the following circumstances: A man, thirty years of age, who is said to have been a heavy drinker, presented himself at the out-patient department with a deep-seated abscess in the submental region, which it was decided to aspirate. On account of the dangerous proximity of the ranine artery, chloroform was administered, in order that perfect stillness might be insured. The patient struggled much during the administration of the anæsthetic, but subsequently became quiet, though not perfectly insensible. The needle of the aspirator was introduced at this stage, but as the operation was likely to be a long one, more chloroform was about to be given, when it was found that the patient had suddenly become very pale, and that the pulse had stopped. Notwithstanding all the means adopted to save the patient, he did not rally. Altogether not more than three drachms of chloroform were given, and none was administered for at least two minutes before the threatening symptoms were observed. At the autopsy the heart was found healthy, the left cavities were empty, but the right contained a considerable quantity of dark brownish-red fluid blood mixed with fine granular clot. The lungs were emphysematous, but otherwise sound.—*Lancet*, April 11, 1874.

Another case occurred on the 13th of April, at St. Mark's Hospital, London.

A. R. P., aged 48, a seaman, was admitted into the hospital on April 9th, with a fistula *in ano*. He had been for three months an in-patient at the Seaman's Hospital at Greenwich; and he said that he there had been operated upon for the fistula several times, and had taken chloroform *twice*. He was a tall, well made man, not fat, and not emaciated. His countenance was rather worn. An examination of his lungs and heart detected no disease. On Monday, April 13th, he came into the operating theatre, to be operated upon by Mr. Allingham. Chloroform was administered by Mr. Baly, the resident surgeon; it was given on a small square of lint, the chloroform being drop-

ped on it out of a drop-bottle; altogether not more than *one drachm* was used. The man appeared to bear the anæsthetic very well. There was a little struggling, but not much, with no marked lividity of countenance; and in about the usual time he became insensible to pain. There was no stertorous breathing. Mr. Allingham had laid open one sinus, when the resident surgeon exclaimed that the patient's pulse had stopped. Instantly the tongue was drawn out of the mouth, and artificial respiration commenced. The chest over the region of the heart was slapped with a wet towel, and ammonia was applied to the nostrils. The breathing feebly continued for a few seconds, and two distinct gasps were made, after which the man was dead. The pulse could not be felt, nor the heart heard to beat, after the moment that Mr. Baly said the pulse had failed.—*Brit. Med. Journ.*, April 18, 1874.

Mr. KEENE reported to the Medical Society of London (*Lancet*, May 16, 1874) another death occurring in a woman, aged 50, admitted into the Central London Ophthalmic Hospital, for double glaucoma, and the anæsthetic was administered to produce anæsthesia during an operation for iridectomy.

The Carlisle Patriot for May 8th (*Lancet*, May 16, 1874) contains the particulars of another case. The wife of a physician while lying upon a sofa inhaled chloroform from a handkerchief for the relief of facial neuralgia, and death ensued.

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The Preservation of Food.—At the meeting of the Academy of Medicine in Paris on March 31, M. POGGIALE read a report which had been made to the Sanitary Council of the Department of the Seine, on a process for preserving meat proposed by M. Tellier, a civil engineer. The process consists in keeping the chamber or vessel containing the meat at a temperature of about 30 or 32 deg. Fahr. M. Tellier objects to ice, as it gives off moisture, and does not lower the temperature sufficiently or uniformly; he prefers dry air, or rather fluid currents at a temperature of 14 to 17.5 deg. Fahr. In his establishment at Auteuil, the cold is produced by the evaporation and condensation of methylic ether. The apparatus consists of a *frigorifère* in which the ether is evaporated, a condenser kept cool by a stream of water, and a force-pump. The ether-vapour, escaping from the *frigorifère* at a tension of about one and a half atmospheres and a temperature of —5.8 deg. Fahr., is subjected in the condenser to a pressure of six, seven, or eight atmospheres. The vapour is thus liquefied, and the fluid returns into the *frigorifère* without any sensible loss. This alternation of gaseous and fluid states is constantly maintained, and produces cold. M. Poggiale had seen at Auteuil mutton, hare, partridge, pheasants, etc., in a perfect state of preservation, though they had been kept for weeks and even months. Some of the meat and game was roasted and eaten, and was found to be excellent. These observations were confirmed by MM. Bouley and Péligot. M. Poggiale exhibited some specimens to the Academy, all of which were in good condition; and, in reply to a question from M. Blot, he said that they would remain good for three or four days, like ordinary meat. The game, however, was stated by M. Poggiale and M. Bouley to lose its flavour to a considerable extent. Ordinary butcher's meat is less affected in this way. It is said that M. Tellier proposes to form a vast establishment for the preservation of food in South America.—*Brit. Med. Journ.*, April 11, 1874.

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Cinchona cultivation in the Northwestern Provinces and Punjab.—It is stated (*Indian Med. Gaz.*, April, 1874) that the attempts to cultivate cinchona in the northwestern provinces and Punjab have failed, the plants being killed by the frost. The enterprise has consequently failed.

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OBITUARY RECORD.—On the 6th of May, at Cheswick, of acute bronchitis, accompanied by cardiac deficiency, RICHARD WILLIAM TAMPLIN, F.R.C.S., in the sixty-first year of his age.

Mr. Tamplin was well known to the profession by his lectures on *Deformities* published in 1846, and by other contributions to orthopædic surgery.

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This is a new edition of the most popular medical lexicon in the English language, enlarged and revised by the son of the lamented author, Dr. Richard J. Dunglison. The reputation which the dictionary has enjoyed for forty years, at home and abroad, will be fully sustained and even enhanced by the present edition of the work. It is fortunate for the medical profession of our country that the son has inherited the qualities of mind which fitted the father in so eminent a degree for the work of a lexicographer. The fate of Dunglison's Dictionary is secure. In the hands of the son it will be kept up to the full measure of excellence which has left it for nearly half a century almost without a rival. It is safe to say that it will be found on the table of every American physician.—*Am. Practitioner*, June, 1874

HENRY C. LEA—Philadelphia.